

1-6328C

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

Docket No. 96:55:PA (4002-1166)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ANTERIOR CERVICAL PLATING SYSTEM, the specification of which

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                         ☐      was filed on \_\_\_\_\_ as Application Serial  
                              No. \_\_\_\_\_ and was amended on \_\_\_\_\_  
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Prior Foreign Application(s)			Priority Claimed
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes   No
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Full name of sole or first inventor: Robert A. Farris

Inventor's

Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_

Residence: 981 Robin Hood Lane, Memphis, TN 38111

Citizenship USA

Post Office Address: 981 Robin Hood Lane  
Memphis, TN 38111

Full name of second inventor: Jeffrey Wade Poyner

Inventor's

Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_

Residence: 234 Oxford, Atoka, TN 39004

Citizenship USA

Post Office Address: 234 Oxford  
Atoka, TN 39004

Full name of third inventor: Volker K. H. Sonntag, M.D.

Inventor's

Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_

Residence: 5202 East Exeter Blvd., Phoenix, AZ 85018

Citizenship USA

Post Office Address: 5202 East Exeter Blvd.  
Phoenix, AZ 85018

Full name of fourth inventor: Regis W. Haid, Jr., M.D.

Inventor's

Signature: Regis W. Haid, Jr.

Date of Signature 6/8/92

Residence: 2995 Devonshire Place, Atlanta, GA 30327

Citizenship USA

Post Office Address: 2995 Devonshire Place  
Atlanta, GA 30327

Full name of fifth inventor: Stephen M. Papadopoulos, M.D.

Inventor's

Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_

Residence: 2465 Adare Road, Ann Arbor, MI 48109

Citizenship USA

Post Office Address: 2465 Adare Road  
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**1-6328C**

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

**Docket No. 98:55:PA (4002-1168)**

**As a below named inventor, I hereby declare that:**

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Inventor's  
Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Residence: 981 Robin Hood Lane, Memphis, TN 38111  
Citizenship: USA  
Post Office Address: 981 Robin Hood Lane  
Memphis, TN 38111

Full name of second inventor: Jeffrey Wade Poyner

Inventor's  
Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Residence: 234 Oxford, Atoka, TN 39004  
Citizenship: USA  
Post Office Address: 234 Oxford  
Atoka, TN 39004

Full name of third inventor: Volker K. H. Sonntag, M.D.

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Residence: 2995 Devonshire Place, Atlanta, GA 30327

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Full name of fifth inventor: Stephen M. Papadopoulos, M.D.

Inventor's

Signature:  Date of Signature 6/1/97

Residence: 2485 Adare Road, Ann Arbor, MI 48109

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Inventor's

Signature: [Signature]

Date

f Signature

3/27/97

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